



Wisconsin Department of Agriculture, Trade and Consumer Protection  
Bureau of Weights and Measures, Storage Tank Regulation  
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FOR OFFICE USE ONLY

Reg Obj. #:

Wis. Admin. Code §ATCP 93.115

## CHECKLIST FOR ABOVEGROUND STORAGE TANK INSTALLATION

The information you provide may be used for purposes other than that for which it was originally collected (s.15.04(1)(m) Wis. Stats.)

**Complete one form for each tank and related piping.**

This checklist covers the installation of ☐ Tank; ☐ Piping:

### A. IDENTIFICATION: (Please Print)

|  |                                  |                                |                               |                                  |                                |
|--|----------------------------------|--------------------------------|-------------------------------|----------------------------------|--------------------------------|
| 1. Installation Name                       |                                  |                                | 2. Owner Legal Name           |                                  |                                |
| Installation Street Address (not P.O. Box) |                                  |                                | Owner Street Address          |                                  |                                |
| <input type="checkbox"/> City              | <input type="checkbox"/> Village | <input type="checkbox"/> Town: | <input type="checkbox"/> City | <input type="checkbox"/> Village | <input type="checkbox"/> Town: |
|  |                                  |                                |                               |                                  | State                          |
|  |                                  |                                |                               |                                  | Zip Code                       |
| State                                      | Zip Code                         | County                         | County                        | Telephone No.<br>( )             | Email Address                  |

### B. TANK CONTENTS (Current, or previous product if tank is used and now empty)

☐ Diesel ☐ Biodiesel ☐ B100 ☐ Unleaded ☐ E85 ☐ Ethanol ☐ Aviation Fuel ☐ Premix ☐ Fuel Oil ☐ Kerosene ☐ New Oil  
☐ Waste/Used Motor Oil ☐ Hazardous Waste ☐ Chemical (Specify name & CAS#): \_\_\_\_\_ ☐ Other \_\_\_\_\_ ☐ Empty

### C. LAND OWNER TYPE (check one)

☐ State ☐ County ☐ Municipal ☐ Federal Owned ☐ Federal Leased ☐ Tribal Nation ☐ Other Government ☐ Utility  
☐ Residential ☐ Private

### D. OCCUPANCY TYPE (check one)

☐ Gas/Retail Sales ☐ Bulk Storage ☐ Terminal Storage ☐ Industrial ☐ Mercantile/Commercial ☐ Backup or Emergency Generator  
☐ Agricultural (Crop or livestock production) ☐ Government ☐ School ☐ Utility ☐ Residential ☐ Other (specify): \_\_\_\_\_

### E. PLAN APPROVAL

1. Plans have been approved. State plan number/LPO plan number is: \_\_\_\_\_
2. Tank Capacity: \_\_\_\_\_ gallons.
3. ☐ Public POS dispensing (include form TR-WM-130) ☐ Vehicle ☐ Marine craft ☐ Aircraft

| Installer<br>Verified    | Inspector<br>Verified    | NA |
|--------------------------|--------------------------|----|
| <input type="checkbox"/> | <input type="checkbox"/> |    |

### F. TANK CONSTRUCTION

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Tank exhibits recognized Listing or API label [ATCP 93.400].  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Tank has been designed or certified for use by a Qualified Engineer.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Tank is used and has been tested for leaks. <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input type="checkbox"/> Hydrostatic Length of test: _____ min. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Tank has vents installed and configured for: <input type="checkbox"/> Class I, <input type="checkbox"/> Class II, <input type="checkbox"/> Class III product                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Emergency relief vent is provided where required. Type: _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. All normal and emergency vents terminate outside where required.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Overfill protection provided? [ATCP 93.410] Make/Model: _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Tank gauge is provided.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Tank mounted pump <input type="checkbox"/> Remote pump / dispenser independent of tank <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### G. TANK HANDLING AND PRE-TESTING

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Tank was tested after set in place for leakage per the manufacturer's recommendations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

### H. TANK SITE

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Tank located per approved plans (walls, buildings, power lines, streets, well, etc.).  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Tank is spaced a minimum of 3 feet from any other tank. (NFPA 30 Table 22.4.2.1)       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Tank in diked containment is spaced a minimum of 2 feet from the toe of the dike wall. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Tank (s) meet ATCP 93.615 setbacks   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Tank markings per ATCP 93.400(7)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### I. PROJECT SITE

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Collision protection provided.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Storage tank enclosure compliant  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Warning signs posted for dispensing area.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 80 B:C rated fire extinguisher provided if motor vehicle fueling & within 100 ft travel distance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. NFPA 704 emergency response hazard rating signage provided on tank                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### J. PIPING

Pipe construction material: ☐ Fiberglass ☐ Steel ☐ Flexible ☐ Other (type): \_\_\_\_\_

Pipe installation is: ☐ single wall (aboveground only) ☐ double wall

Piping system is: ☐ Aboveground only ☐ Underground only ☐ Combination of aboveground and underground

Piping system Type: ☐ Pressurized piping with ⇒ ☐ mechanical anti-siphon ☐ Solenoid valve  
☐ Suction piping with ⇒ ☐ mechanical anti-siphon ☐ Solenoid valve; ☐ AST Gravity/Head pressure

Piping Catastrophic leak detection method: ☐ Pressurized piping with ⇒ A.) ☐ Pump auto shutoff - ELLD B.) ☐ Flow restrictor - MLLD;  
**Manufacturer/Model:** \_\_\_\_\_

Piping leak detection method: ☐ Aboveground visual ☐ Electronic interstitial monitoring – sump sensor or leak sensing cable  
**Manufacturer/Sensor Model:** \_\_\_\_\_

Installer NA  
Verified Verified

**Aboveground Pipe:**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Coated to inhibit corrosion. ....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Supported and protected against physical damage and stress. ....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Piping was isolated from the tank and dispenser and air tested at 150% of operating pressures of the system ( <b>but not less than 50 p.s.i.</b> ) for 1 hour. .... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Underground Pipe**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Piping is sloped to a sump (min. 1/8 inch per foot). ....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Piping was isolated from the tank and dispenser and air tested at 150% of operating pressure of the system (but not less than 50 psig) for 1 hour prior to backfilling. .... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. After backfilling, piping was isolated from the tank and dispenser and precision tested at 110% of operating pressure but not less than 50 psi for 1 hour. ....              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Test stations have been installed for monitoring cathodic protection on piping. ....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Approved flexible connectors are installed below dispenser and at aboveground/belowground transition.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**K. SECONDARY CONTAINMENT**

1. Tank secondary containment: ☐ Double Wall ☐ Diked ☐ Remote impounding
2. Dike material: ☐ Concrete ☐ Steel ☐ Engineered clay ☐ Engineered clay with liner ☐ Earthen with Liner ☐ Other: \_\_\_\_\_
3. Dike capacity: Weather protected meets 100% ☐ Yes ☐ No Unprotected meets 125% ☐ Yes ☐ No;
4. Double wall or diked tank has interstitial monitor (visual or electronic) ☐ Yes ☐ No
5. Motor fuel dispenser has liquid tight sump with a sensor ☐ Yes ☐ Not required
6. Pipe run is a combination of aboveground and underground pipe ☐ Yes ☐ No Transition sump installed ☐ Yes ☐ No

**L. LIQUID HANDLING, TRANSFER AND USE**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Check valve installed in piping at connection/disconnection for tank vehicle.....                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Tank is provided with minimum 5 gal. spill protection.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Dispensing device is listed.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Anti-siphon protection with pressure relief. ....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Shear valve installed in pressure system.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Pressure Regulator valve with shear section installed in suction system.....                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Aircraft fueling system provides bonding mechanism between aircraft and fueling equipment.....      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Electric equipment and wiring is installed in accordance with SPS 316 (NFPA 70). ....               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Emergency shutoff installed for motor vehicle fueling and clearly identified and accessible. ....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Emergency electrical shutoff installed for bulk transfers (ATCP 93.370), identified and accessible | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Where required, listed emergency breakaway, hose and dispensing devices are provided. ....         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Dispensing nozzle at marine service stations shall be auto-closing without hold open device. ....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Hose length: _____ ft.   |                          |                          |                          |

**M. INSTALLER CERTIFICATION**

|                                   |                       |                                      |                             |
|-----------------------------------|-----------------------|--------------------------------------|-----------------------------|
| Installation Company Name (print) |                       | Installation Company Mailing Address | City/State/Zip Code         |
| Company Telephone No.<br>( )      | Company Email Address | Certified Installer Name (print)     | Installer Certification No. |

I certify that the tank system and related components have been installed according to the manufacturer's instructions, conditionally approved plans, and complies with ATCP 93.

Installer Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**N. INSPECTOR INFORMATION**

Inspection Dates: 1) 2) 3) 4) 5) 6)

Inspection Company Name: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Inspector #: \_\_\_\_\_ Local Operator #: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Fire department providing coverage: \_\_\_\_\_ FDID #: \_\_\_\_\_

**O. COMMENTS:**

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**TANK REGISTRATION FORM TR-WM-118 SIGNED BY THE OWNER MUST BE SUBMITTED WITH EACH INSTALLATION CHECKLIST.**